Attorney Docket No. ETH-5062

DECLARATION AND POWER OF ATTORNEY TA THADENA (Patent, Design or C-I-P Application) Sa below-named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name.

J. believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are stated below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SURGICAL ANCHOR INSERTER the specification of which and was amended on______ (if applicable) as Application Serial No. 10/609,336 June 28, 2003 X was filed on __ I hereby state that I have reviewed and understand the contents of the above-entitled specification, including the claims, as amended by any amendment referred to anove.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. PRIOR FOREIGN APPLICATION(S) APPLICATION NO. DATE OF FILING PRIORITY CLAIMED COUNTRY UNDER 35 U.S.C. 119 (day, month, year) YES NO YES NO LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 2 HEREOF: YES ___ NO X I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below. (Filing Date) (Application Serial No.) (Filing Date) (Application Serial No.) I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided by the first page of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application: (Status: patented, pending, abandoned) (Filing Date) (Application Serial No.) (Filing Date) (Status: patented, pending, abandoned) (Application Serial No.) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. RALPH W. SELITTO, JR., Reg. No. 26,996; PAUL F. SWIFT, Reg. No. 34,938; JOHN K. KIM, Reg. No. 37,002; SANJIV M. CHOKSHI, Reg. No. 44,080; JOSEPH AGOSTINO, Reg. No. 51,191; WILLIAM SMITH, Reg. No. 46,459; ALLEN N. FRIEDMAN, Reg. No. 25,973; E. RICHARD SKULA, Reg. No. 31,061; LOUIS J. CAPEZZUTO, Reg. No. 37,107; MATTHEW S. GOODWIN, Reg. No. 32,839; VERNE E. KREGER, JR., Reg. No. 35,231; MELISSA J. SZANTO, Reg. No. 40,834; WILLIAM K. WISSING, Reg. No. 34,757; and BLOSSOM LOO, Reg. No. 36,858. DIRECT TELEPHONE Ralph W. Selitto, Jr. CALLS TO: (973)848-5365 SEND CORRESPONDENCE TO: Ralph W. Selitto, Jr.
Four Gateway Center, 100 Mulberry Street
Newark, NJ 07102 First Name: Middle Name: Full Name of Last Name: OVERAKER DAVID Inventor #1 Country of Citizenship: State or Foreign Country: Residence & City: NEW JERSEY ANNANDALE Citizenship State or Country and Zip Code: Post Office Address: City: Post Office Address NEW JERSEY 08801 ANNANDALE 9 WEST STREET First Name: Middle Name: Full Name of Last Name: Inventor #2 Country of Citizenship: State or Foreign Country: Residence & City: Citizenship State or Country and Zip Code: City: Post Office Address: Post Office Address Middle Name: First Name: Full Name of Last Name: Inventor #3 Country of Citizenship: State or Foreign Country: Residence & City: Citizenship State or Country and Zip Code: Post Office Address: Post Office Address LISTING OF INVENTORS CONTINUED ON PAGE 2 HEREOF: YES ___ NO X I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SEE PAGE 2 ATTACHED, SIGNED AND MADE A PART HEREOF: YES ____ NO X